

Joining Forces

Volume 1 Issue 1

RESEARCH NEWS YOU CAN USE

August 1996

Premier Issue . . .

This is the premier issue of Joining Forces. In this newsletter we hope to provide a vehicle for the sharing of information which will be helpful in improving interventions, services, and prevention programs for Army families.

In each issue we will include

reviews of current research articles and tips for reading research critically and applying it to your work.

In addition, we will keep you informed of recent and upcoming conferences in the field of family advocacy and facilitate your networking with other personnel and resources. Enjoy! ♦

DOD Forum on Domestic Violence

A Department of Defense Forum on Domestic Violence was held in Alexandria, VA 23-24 July 1996. It was the first DOD Family Advocacy conference and the theme was "Consolidating Gains and Identifying Emerging issues for the Next Decade." Approximately 150 participants attended the two day conference and examined what the Army, Navy, Air Force and Marine Corps do through the Family Advocacy Program to prevent and treat spouse abuse.

Throughout the Department of Defense, research is being emphasized as an integral component of family advocacy programs. During the conference, the services reported on ongoing research initiatives. The Army reported on a preliminary examination of data from the Army Central Registry (ACR). It focused on the demography of the victims and offenders in initial substantiated incidents. Analyses were conducted for the entire ACR and then by years, from 1989 to 1995. The distribution was initially examined by sex. In 1989, the percentage of female victims was 72%. In 1995, it was 63%. This indicates that the percentage of female victims has changed in this six year period. The preliminary examination also included the race of the victim. In

1989, black victims were 49%, white victims were 39% of the cases, and Hispanic victims were 7% of the cases. In 1995, the percentages were 46%, 41%, and 10%, respectively, which does not suggest a major change in this category. The Army will continue to report the results of ACR analyses in this newsletter and in separate publications.

LtCol Albert Brewster, Director of Family Advocacy Research for the Air Force, reported on data derived from about 2,620 perpetrators of spouse abuse. The following information was reported about the family history of the perpetrators. Twenty-three percent had a childhood history of observing abuse of other family members, 22% had a previous report of spouse abuse, 16.5% had a history of alcohol problems. LtCol Brewster believes that this represents an underreporting of alcohol problems and noted that the Air Force needs to develop more thorough measures to capture information on alcohol problems during assessments. Eleven percent were involved in a previous spouse abuse incident, and 10% had a childhood history of familial abuse.

The Navy reported on a survey of basic trainees that investigated their histories of and potential for abusive behavior. The results of the survey showed that a substantial

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Family Violence Research Project

The U. S. Army Community and Family Support Center, the Department of Psychiatry of the Uniformed Services University of the Health Sciences (the military medical school), and the Walter Reed Army Institute of Research have begun a project to study family violence in the Army. This project will expand research and study venues by examining the causes, effects, and outcomes of a significant area of traumatic stress that affects soldiers and their families. The project has a five year tenure with projects to be developed as research studies of joint interest are identified. The project will monitor research in family violence currently funded by the Army or that which uses Army data from the Army's Central Registry of child and spouse abuse cases. Among the projects that will be immediately undertaken are analyses of the contents of the Army's Central Registry relative to population demographics and current Army

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A manager skillfully allocates resources to meet clients' needs. A most important resource is YOU. How do YOU take care of yourself and avoid the stress that often leads to "burnout?" Surely YOU are aware of the relationship between stress and functioning. Many of YOU even teach stress management as it relates to family violence

In this era of dwindling resources, YOU can easily become overwhelmed by stress as YOU try to "BE ALL THAT YOU CAN BE" - with less.

Do challenges at work require YOU to adapt in some way or to do

The Resource of YOU

something different? If so, your work environment is a stressor and YOU may be a victim of stress. Is it possible to avoid stress? No. Can YOU do something about it? Yes.

Get accustomed to applying the stress management techniques used with your clients to yourself. Prevent yourself from getting "stressed out."

THINK!!! Give yourself what YOU need to take care of yourself. RELAX YOUR BODY and follow these suggestions. Your most important resource is YOU.

◆ Learn to recognize when YOU are stressing out

◆ Don't over estimate the importance of an activity

◆ Break down your tasks into steps

◆ Schedule times to change pace and relax

◆ Avoid coffee and stimulants

◆ Get enough sleep

Adapted from "Taking Charge of YOUR Emotions." Harvey Dondershire et al. Department of Veterans Affairs Medical Center,

Research and Statistics - Joined Forces

Research and statistics go hand-in-hand. A working knowledge of statistics may prevent you from being at the mercy of inaccurately reported research.

What kind of statistics?

Statistics may be broadly divided into two groups - descriptive and inferential (sampling). The first task of statistics is to describe an event; the second is to determine whether that event can be generalized. A set

of observations can be described by two types of measures - central tendency and variability.

Central tendency

There are three main measures of central tendency: the mean, the median, and the mode. The mean is the arithmetic average; the median is the point above and below which half the observations fall; and the mode is the most commonly occurring observation.

Measures of variability

Measures of variability tell you how much dispersion exists in a set of observations. These can be computed in many different ways. Two of the most common are the range and the standard deviation.

The range is simply the distance between the highest and the lowest value in the set of observations. The

standard deviation is an indicator of average variability from the mean. It is used in many other statistical measures (such as the t-test) as well as being descriptive in its own right. If you remember that there is less variability in a distribution with a small standard deviation than in one with a large standard deviation, you have the right idea.

Comparisons

Comparison is the essential ingredient of science. If you have some idea of how two groups of observations or distributions are described, you can make comparisons. Comparisons can be made between two measures (a bivariate comparison) or between an individual at two different times. Such comparisons can usually be extended to more than two groups (multivariate comparisons). In statistics, questions are often framed in terms of the probability that an event happened by chance. Would this same finding be likely to happen were the study repeated? When an investigator reports that a finding is "significant," this should mean that a statistical comparison has been made. Otherwise, some other word (such as "meaningful") is better used. When a finding is reported as significant, that usually means that the investigator has applied a statistical test that gives the probability that the same result would be likely to occur again if the test were repeated. If the probability is 95% (*confidence level*) that the same result would be obtained in x number of identical studies, the investigator would report that the findings are significant at the 0.05 level or above.

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Joining Forces



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A new theory relates mood swings in men to abusiveness

Dutton, D. (1995). *Intimate abusiveness. Clinical Psychology: Science and Practice*, Vol. 2(3): 207-224.

This broadly descriptive review proposes a new theory of the etiology of male abusiveness that is based more on mood swings (internally generated) than by external events. The author argues that a combination of early experiences and the formation of a borderline personality organization are central to male abusiveness that is cyclical. The recollection of paternal rejection is the strongest contributor to an abusive personality. Other components that contribute to the development of an abusive personality are fearful attachment and shame of the abuser. The anger expressed by the abusive personality may have cognitive components such as the tendency to shift blame to the intimate partner and to ruminate on these blaming attributions. The proposed theory may account for individual differences in abusive behavior which other currently prominent theories (sociobiological and feminist) do not. In an interesting introduction, the author points out the limitations of the competing theories. A review of the record on the effectiveness of arrests and court-ordered treatment of the offender indicates that these interventions may have more value in stopping abusive behavior than was previously thought. Finally, practical suggestions are given which indicate how the main points of the theory (fearful attachment, shame, mood swings) may become part of group therapy for abusers. In spite of all the optimism with which this theory and its application are presented, it is carefully and repeatedly noted that results obtained in the field of wife abuse have not yet been subjected to randomized trials of treatment. Prior to such a state of research development, theory and practice are still guided by incomplete data and must be subjected to verification.

Research Notes

Misdiagnosis of child abuse

Wardinsky, T.D., Vizcarrondo, F.E., & Cruz, B.K. (1995). *The mistaken diagnosis of child abuse: A three-year USAF medical center analysis and literature review. Military Medicine*, Vol. 160 (1): 15-20.

While under-reporting of child abuse and neglect is usually more of a concern than over-reporting, the consequences of over-reporting must also be considered by the child advocacy team. These authors provide an interesting review of 18 cases that were initially diagnosed over a three year period as child abuse or neglect (CAN), but on closer coordination with medical providers were found to be the result of sometimes complex medical conditions of the child. Among these cases, the presenting problem included such apparently common symptoms as burns, blisters, bruises, a cigarette burn, head trauma, and abdominal pain. It was pointed out that all the parents who were referred for CAN evaluation expressed concern and anguish. It was also noted that physicians who inadequately assess or inappropriately refer suspected cases may produce emotional harm to the family and may be liable for an incomplete evaluation prior to reporting. The authors provided a great deal of helpful information to the physician and non-physician in the medical assessment of CAN. They included in the article a table of conditions that might mimic CAN and 68 articles were cited in the literature review of cases of mistaken diagnoses of CAN. Finally, the social and psychological ramifications of potential misdiagnosis of CAN were discussed. Many recommendations for improved hospital consultation and teaching of other disciplines were given.

Moderating effects of social support

Litty, C. G., Kowalski, R.; Minor, S. (1996) *Moderating effects of physical abuse and perceived social support on the potential to abuse. Child Abuse and Neglect*, Vol 20(4): 305-314.

This article offers cautions to readers about automatically accepting validity of the relationship of stress to abuse and the role of social support in the abuse process. The authors provide background and literature citations on social support and its possible role in the intergenerational transmission of child abuse. The study was conducted using standard questionnaires completed by 173 female and 126 male undergraduates. The investigators obtained support for the hypothesis that social support acts as a moderator of the relationship between childhood physical abuse and the potential to abuse, but physically abused and non-abused persons did not differ significantly in their potential to abuse when perceived social support was high. Those who perceived childhood social support as low reported a significantly higher potential to abuse than persons with no childhood history of abuse. The authors concluded that when there is high social support for an abuse child, the intergenerational transmission of abuse may be reduced.

Social isolation and social support

Coohey, C. (1996) *Child maltreatment: Testing the social isolation hypothesis. Child Abuse and Neglect*, Vol. 20(3): 241-254.

Social isolation is frequently cited as a risk factor for stress and child and spouse abuse. Since social isolation



is common in the military community, particularly for single parents, research on this concept is especially pertinent to military family advocacy. In this study, the author provides an extensive review of the social isolation concept as it relates to child abuse and neglect. Three groups of maltreating mothers (abusive, neglectful, and abusive and neglectful mothers) were compared to controls on a questionnaire that measured network properties, perceptions of support, and the types of resources they did and did not receive. A great deal of variation was found. The three groups of maltreating mothers had significantly fewer emotional resources (people who were willing to listen to them, help them make decisions, and provide companionship) compared to controls. Only the neglectful mothers had fewer instrumental resources (people who would loan them money, help with household chores, and babysit). Neglectful mothers had fewer network members, fewer contacts, fewer members living close by, and received fewer emotional and instrumental supports. Despite these findings, the term social isolation did not accurately describe the networks of mothers who maltreat their children. Maltreating mothers (including both abusive and neglectful) had at least eight important network members and more than 100 contacts with these members in the month prior to the questionnaire. Cooley concluded that social isolation is not a single factor, but is a set of variables linked to the parent's perception of support and their formal and informal social networks. There are several immediate implications of these findings. The social isolation and social support perceived and received need to be carefully

Research Notes

evaluated in the context of each case of child maltreatment. In spite of lack of significant differences between groups, many or most maltreaters still do not receive sufficient support from their personal networks and the effect of this lack of resources needs to be understood by both the maltreater and the clinician or social services worker. The lack of appropriately supportive social networks of the neglectful mother are reasonable targets for intervention. Such intervention could engage the important network members, assist mothers in developing new relationships, and work toward increasing institutional support such as obtaining an adequate education and employment for low-income parents.

Violence Epidemic

Stone, L. (1996) *"The Violence Epidemic: Protecting Our Children and Our Future" The DevelopMentor, Volume 3, No. 2.*

Early developmental traumas that occur as a result of violence lead to more violence, so writes Dr. Lawrence Stone, M.D., President of the American Academy of Child and Adolescent Psychiatry (AACAP). His writings urging a national policy on children and violence have not yet been heeded and the epidemic of violence has, so far, gone unchecked by prevention and treatment efforts. The AACAP has launched a Violence Initiative to implement violence prevention training in all post graduate medical curricula, and to inform and educate the public about violence and its prevention. He recognizes that the AACAP shares the burden and responsibility with other public

health and law enforcement agencies and wants to introduce a scientific approach to many of the violence prevention programs that are already in place. Such an approach may provide for more efficient and productive methods for preventing and treating violence. The AACAP is also creating "The Violence Resource Center," a public clearinghouse to inform, educate, and activate our citizenry about violence. The center will provide statistics and research information, newspaper and magazine articles, books, copies of films and television shows, and conference materials related to violence. This center should be available to the public in 1997. The point of contact is Mary Randolph Turner at (202) 966-7300 and FAX (202) 966-2891. ♦

Family Violence

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stressors such as extended deployments for combat or peacekeeping duties and the climate of downsizing that exists in the U. S. military. The project will also study the relationship between abuse data recorded in the Army and that recorded in civilian communities with a goal of learning more about violence in the military community or how the military may protect soldiers and family members from risk factors encountered in the civilian world. Other projects will examine the training needs of family advocacy workers with a goal of improving both prevention and treatment programs in the Army. The project hopes to establish cooperative studies with Army family advocacy and community members, other military services, and civilian research and academic organizations. ♦



Recognizing stress in children

The end of summer vacations and the start of a new school year heralds a return to routines and schedules for parents that can often bring new stresses for school-age children. Stress can impact adversely on a child's emotional and intellectual development and result in behavioral and emotional problems. Understanding normal stress as well as recognizing symptoms of stress that might require client referrals for evaluation and treatment are important skills for Family Advocacy Workers.

In children, stress can be caused by feelings they are unable to verbalize but that cause sensations of discomfort and distress. Stress can be categorized as **physical**, such as a lack of food or sleep; **psychological**, such as feeling threatened or rejected; **reality**, such as losing homework or experiencing a traumatic event like the divorce of parents, a death, a move; and **developmental, life cycle stage stress**. For example, school age children dealing with the stress of being responsible for their own behaviors, taking exams, doing homework, etc.

Children vary in the way in which they experience and cope with various stresses. Some are temperamentally more vulnerable to experiencing stress than others. Moreover, a parent's ability to deal with stress impacts the child's ability to manage stress. Additional problems within the family, such as inadequate family finances, unemployment or threat of job loss, health problems, parental discord and other **psychosocial** or **environmental** problems contribute to a child's ability or lack of ability to handle stressful feelings.

As stress grows beyond a child's ability to verbalize what they are experiencing, the feelings of stress often turn into behaviors such as yelling, throwing, biting, kicking, teasing, etc. When this occurs, parents

may respond to these negative behaviors instead of the feelings themselves. The result is the creation of a power struggle between the child and parent that escalates and can lead to situations requiring treatment.

Among the new stresses that come with a return to school are: less time with parents, the demands of mastering tasks at school, and forming friendships with peers. In military families, especially, a family may be coping with a recent move and adapting to the demands of a new school setting. Furthermore, the possibility of deployments are ever-present and especially stressful for children if they occur at the start of a new school year.

Some signals regarding stress that need careful assessment include:

- ◆ A drop in grades
- ◆ Excessive worry or anxiety about going to sleep or going to school
- ◆ Withdrawal from participating in activities or friendships previously enjoyed
- ◆ Excessive aggression or disobedience
- ◆ Oppositional behavior towards adults
- ◆ Frequent or excessive temper tantrums
- ◆ Hyperactivity
- ◆ Sadness or irritability that persists over time
- ◆ Continual complaints about physical pains such as headaches, or stomach aches
- ◆ Abuse of drugs or alcohol
- ◆ Significant changes in eating or sleeping habits

Parents are usually the first to notice problems in their children. Their concerns about their children and

recommendations from schools may lead to their seeking consultation from a professional. ◆

Catherine Levinson, LCSW-C

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number of Navy recruits have histories of (1) childhood sexual abuse, (2) childhood physical abuse, (3) adult physical and sexual victimization, (4) adult perpetration of physical and sexual aggression, and (5) alcohol misuse.

The Marine Corps gave a presentation on a program it will be using called "The Mentors in Violence Prevention Program." Currently this program does not have a research focus. It is designed to institutionalize greater male participation in efforts to prevent all forms of men's violence against women, including rape, battery, and sexual harassment.

Panelists representing the services participated in plenary sessions devoted to research, intervention, and prevention strategies. These sessions were augmented by small group discussions that made recommendations regarding such topics as victim advocacy services, civilian and military law enforcement and legal issues, cultural diversity issues affecting prevention and intervention and command leadership in prevention and intervention. ◆

Statistics

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This is a 5% significance level. Similarly, a significance level of 0.01 (1%) indicates a confidence level of 99%.

The source for the above material is **Fundamental Statistics in Psychology and Education** by J. P. Guilford Press, 1965. ◆



NCO Notes

Is your mental checklist prepared?

PFC Jones recently joined your unit and already other soldiers are complaining about his lack of concern for others. Two days ago he failed to turn in unit equipment to the Supply Sergeant. Last week he was twice late for work and another NCO has complained about the number of phone calls PFC Jones receives from home each day. Yesterday you overheard him arguing with his spouse about their finances and their inability to find a suitable school for his learning disabled daughter.

As you go through your mental checklist of "how to handle" such situations certain question arise. It appears to be a family issue, should you

be involved? If you become involved, what post resources are available? Whom should you call? Who else needs to know about this situation? Will this hurt the soldiers' chances for promotion or retention? What happens if no one intervenes? How will this affect unit readiness?

NCOs are often the first in the chain of command to recognize soldiers who are having family problems. It is important for them to be aware of the role they can play in preventing soldiers' family problems from negatively affecting their health or their job performance. The following should be added to their mental checklist:

1. NCOs must be ever vigilant to the signs and symptoms that occur when a soldier's family is in crisis.

2. The family plays an integral role in individual readiness, and can have a direct influence on a soldier performing his or her duties.

3. The importance of family preparedness to the overall goal of total readiness cannot be over emphasized.

4. Along with other post agencies, the Army Family Advocacy Program (FAP) can provide assistance to families having problems.

5. It is important for NCOs to understand the purpose and goals of the FAP and support its mission.

6. NCOs who work in the Army FAP can play a significant role by marketing the program through their contacts with other NCOs. ♦

SMSgt Steven Jackson

Resources . . .

The National Center on Child Abuse and Neglect (NCCAN) was established in 1974 by the Child Abuse Prevention and Treatment Act (P.L. 93-247) as the primary Federal agency charged with helping states and communities address the problems of child maltreatment. NCCAN administers and funds resource centers and clearinghouses to meet the information, training, and technical needs of practitioners, researchers, policymakers, and other professionals and concerned citizens.

The National Clearinghouse on Child Abuse and Neglect Information (NCCAN Clearinghouse) is a national resource for those seeking information on the prevention, identification, and treatment of child abuse and neglect. Offered by the National Information Services Corporation (NISC) in association with the Clearinghouse is the Child Abuse and Neglect CD-ROM. The CD-ROM contains databases of directories, documents

and articles, national organizations, public awareness materials, and state statutes. The CD-ROM is available by written request explaining (1) your professional interest in the database (or capacity) and (2) how you will actively promote the disk within your organization.

For more information contact the Clearinghouse at 1-800-FYI-3366 or 1-703-385-7565 or write to NCCAN, P.O. Box 1182, Washington, DC 20013-1182. ♦

Upcoming Events

♦26-30 August 1996 - Army Social Work Conference - San Antonio, TX

♦10-11 September 1996 - American College of Epidemiology - Baltimore, MD

♦16-21 September 1996 - Eleventh National Conference on Child Abuse and Neglect - Washington, DC

♦10-12 November 1996 - National Conference on Shaken Baby Syndrome - Salt Lake City, UT

♦9-13 November 1996 - International Society of Traumatic Stress Studies - San Francisco, CA